

POLIZEIMOTORSPORT WIEN  
Zweigverein des ÖAMTC  
1020 Wien, Handelskai 394  
Fax: +43 1 726 99 90  
Email: office@polizeimotorsport.at



**ENTRY FORM**  
to the  
**POLIZEIMOTORSPORT - AUTOSLALOM on 15.08.2014**

(1<sup>st</sup> closing date: **01.08.2014** / 2<sup>nd</sup> closing date: **08.08.2014**)

**DRIVER:**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPETITOR:**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ATTENTION!! Competitor can only be accepted if a copy of the Competitors License is submitted together with this entry form!!**

**VEHICLE:**

Brand / Type / ccm: \_\_\_\_\_

Registration No. / Homologation No.: \_\_\_\_\_

Division / Group / Class: \_\_\_\_\_

**I accept entirely the conditions of the regulations document, also those stated under points 14 and 15 concerning reservations and legal liability. The waiver shall apply vis-à-vis the FIA, the ASN, the organiser, the various officials, and other competitors/drivers or their assistants.**

Signature - Competitor

Signature - Driver

Location/Date

Entry Fee:

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